01/31/2008 14:04

State of Idaho

X ANNUAL

SEMI-ANNUAL

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Ben Ysursa Sccretary of State

(Type or print clearly in black ink) See instructions at bottom of page

To Be Filed By: LOBBYISTS (Sec. 67-6619)

08 JAM 31 PM 1:38

Lobbyist's name and permanent business address Date prepared Period covered HDREAN year ending 1/31/08 270 S. DRCHARD ST. STEB (Mo.) (Day) (Yr.) BUISE, 1D 83705 31 07 12 Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure Total Amount for Item 3, at bottom of page.) Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity All Employers Do Not Have to be Reported Employer No. 4 Employer No. 2 Employer No. 3 Employer No. 1 Entertainment Food and Refreshment Living Accommodations Advertising Travel Telephone Other Expenses or Services 0 Total \*When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1. The totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive officials. Item 2 Names of Legislators, Public and Executive Officials in Group Place Date Amount MONE Continued on attached page(s)

Item Employer(s) Name(s) and Address(es) INSTRUCTIONS AMERICAN HEART ASSOCIATION Who should file this form: Any lobbyist registered under Section No. I ORCHARD ST. STEB BOISE, 108370 67-6617 Idaho Code Filing deadline: Annual report is due on January 31st. No. 2 Executive Lobbyist semi-annual report due July 31st. TO BE FILED WITH: No. 3 Ben Ysursa Secretary of State PO Box 83720 Boise, TD 83720-0080 No. 4 Phone: (208) 334-2852 Fax: (208) 334-2282

| Item<br>4 | personal property to any Legislator, Public or Executive Official or for or on hehalf of any Legislator, Public or Executive Official. |   |  |  |   |   |  | ey or other tangible or intangible lic or Executive Official.   |  |
|-----------|--|---|--|--|---|---|--|---|--|
|           | 1  | Date  | Amount   |  | ame of Legislator, Public or Executive Official Receiving or Benefiting   |   |  |   |  |
|           |  |   |  | Non  | UE.   |   |  |   |  |
| Item<br>5 | or Ho  | Subject matter of proposed Jegislation, the number of the Senate or House Bill. Resolution or other legislative activity in which the Lobbyist was supporting or opposing |  |  |   | LEGISLATIVE SUBJECT IDENTIFICATION  |  |   |  |
| Subject   |  |   |  |  | Cod   | c Subject   |  | Subject   |  |
| (from ta  |  | Legislat  | scolution or Other<br>ive Ident, Number<br>21<br>275<br>1107 | Appropriation Bill Number and Section Number | 02 An and 03 Ba inv 04 Ch ser 05 Ch 06 Co 07 Ecc cor war 08 Edd 09 Elc pol 10 Egr mii 11 Go tax app 12 Go 13 Go 14 Go 15 Go | taxation, revenue, budget, appropriations, bids, fees, funds  | 22<br>23<br>24<br>25<br>26<br>27<br>28<br>29<br>30 | Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify) |  |
| Item<br>6 | con  | Identify any rule, ratemaking decision, procurement, contract hid or hid process, financial services agreement or hond lobbyist was supporting or opposing.               |  | ncial services agreement or                  | E   | ERTIFICATION: I hereby certify the correct statement in accordance with S  Advantage  Obbyist signature  Imployer No. 1 signature  Imployer No. 2 signature  Imployer No. 3 signature | Section 6  | 57-6624 Idaho Code.   |  |
|           |  |   |  |  | F   | mployer No. 4 signature   |  | Date  |  |